FCC Form 471

Approval by OMB 3060-0806

Schools and Libraries Universal Service Description of Services Ordered and Certification Form 471

Estimated Average Burden Hours per Response: 4 hours
This form is designed to help schools and libraries to list the eligible services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.usac.org/sl.)
The instructions include information on the deadlines for filling this application.

Applicant's Form Identifier (Create an identifier for your own reference)		Form 471 Application #:				
FY 14-ERY15		984827 (To be assigned by administrator)				
Block 1: Billed Entity Address and Identifications						
1 Name of Billed Entily BURNS FLAT-DILL CITY DIST 10						
2 Funding Year 2014						
3a Entity Number 139924						
3b FCC Registration Number 0001935426						
4a Street Address, P.O. Box, or Route Number HIGHWAY 44, PO BOX 129						
City BURNS FLAT State OK Zip Code 73624-						
4b Telephone Number (580) 562-4846						
4c Fax Number (580) 562-4847						
5a Type of Application (check only one)						
Individual School (individual public or non-public school)						
© School District (LEA, public or non-public [e.g. diocesan] local district represer						
Consortium (including library system, library outlet/branch or library consortium (intermediate service agencies, states, state networks, special		rice)				
Statewide application for (enter 2-letter state code) representing (check all that apply)	consulta di sonodio bilaroi note					
Li All public schools/districts in the state						
All non-public schools in the state						
All libraries in the state						
5b Recipient(s) of Services:						
☐ Private ☑ Public ☐ Charter ☐ Tribal ☐ Head Start ☐ State Agency						
□ Tribal □ Head Start □ State Agency Entity Number: 139924	A . II . II . II . II . II . II	VANCOUS.				
Contact Person: Connor Mitchell	Applicant's Form Identifier: F Contact Phone Number: (580					
Block 1: Billed Entity Address and Identifications (continued)		,				
6a Contact Person's Name Connor Mitchell	,					
the Contact Person's Street Address is the same as Item 4 above, check here. Till finot, complete Item 6b.						
If the Contact Person's Street Address is the same as Item 4 above, check here. Lift not	, complete Item 6b.					
If the Contact Person's Street Address is the same as Item 4 above, check here. I. If not 6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. HIGHWAY 44, PO BOX 129	, complete Item 6b.					
6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form.	, complete Item 6b.					
6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form, HIGHWAY 44, PO BOX 129	,	ind an entry provided.				
6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. HIGHWAY 44, PO BOX 129 City BURNS FLAT State OK Zip Code 73624- Check the box next to your preferred mode of contact and provide your contact informatio	,	ind an entry provided.				
6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. HIGHWAY 44, PO BOX 129 City BURNS FLAT State OK Zip Code 73624- Check the box next to your preferred mode of contact and provide your contact informatio 6c Telephone Number (580) 562 - 4846 6d Fax Number (580) 562 - 4847	,	ind an entry provided.				
6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. HIGHWAY 44, PO BOX 129 City BURNS FLAT State OK Zip Code 73624- Check the box next to your preferred mode of contact and provide your contact informatio	,	ind an entry provided.				
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6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. HIGHWAY 44, PO BOX 129 City BURNS FLAT State OK Zip Code 73624- Check the box next to your preferred mode of contact and provide your contact informatio □ 6c Telephone Number (580) 562 - 4846 □ 6d Fax Number (580) 562 - 4847 □ 6e E-Mail Address erate@bfdc.k12.ok.us Re-enter E-mail Address erate@bfdc.k12.ok.us	n. One box MUST be checked a ntact (if applicable) and alternat	• •				
6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. HIGHWAY 44, PO BOX 129 City BURNS FLAT State OK Zip Code 73624- Check the box next to your preferred mode of contact and provide your contact informatio □ 6c Telephone Number (580) 562 - 4846 □ 6d Fax Number (580) 562 - 4847 □ 6e E-Mail Address erate@bfdc.k12.ok.us Re-enter E-mail Address erate@bfdc.k12.ok.us 6f Holiday/vacation/summer contact information: please include name of alternate co Ron Hughes hughesr@bfdc.k12.ok.us	n. One box MUST be checked a ntact (if applicable) and alternat	• •				
6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. HIGHWAY 44, PO BOX 129 City BURNS FLAT State OK Zip Code 73624- Check the box next to your preferred mode of contact and provide your contact informatio □ 6c Telephone Number (580) 562 - 4845 □ 6d Fax Number (580) 562 - 4847 □ 6e E-Mail Address erate@bfdc.k12.ok.us Re-enter E-mail Address erate@bfdc.k12.ok.us 6f Holiday/vacation/summer contact information: please include name of alternate co Ron Hughes hughesr@bfdc.k12.ok.us If a consultant is assisting you with your application process, please complete Item 6g Consultant Name Name of Consultant's Employer	n. One box MUST be checked a ntact (if applicable) and alternat	• •				

ntity Number: 139924				Α	Applicant's Form Identifier: FY 14-ERY15										
Contact Person: Co	nnor Mitchell					C	ontac	t Phon	e Num	mber: (580) 562-4846					
Block 4: Discount C	alculation Workshe	et							*	*		Wo	rksheet • Page 1		
The Block 4 worksheithen one worksheet, p Application you indica	please number the cated in Block 1, Item	omplet 5.	ed workshe	ets to assu	re that they are	ali pro	cesse	d corre							
	e if this worksheet co	ontains	all eligible e	entities in th	e school distric	t or lib	rary s	ystem.							
9a List entities and ca School District or Li		0 :									School District	For A) t or Library Syster	dministrat n Entity N		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Name of Ekgible Entity	Entry Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	Rural U	Total Number of Students	Number of Students Eligible for NSLP	Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	Disc. from Disc. Matrix	New Cons tructi on	Admin Entity or NIF	Alt Disc Mech	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	Adult Education, J =	Eastry Number of School District in which Library Outlet/Branch is Located	Member	Shared Discount	
ALL EN	MITIES			85	CHOOLS AND LIBE	RARIES				Schools with shared services	Schools	Library Outlet/Branch	Consortia	A6787918873 - 8007	
BURNS FLAT-DILL CITY HIGH SCH	84146 40 00014 01582	R	129	83	64.341%	80	N	N	N	10320					
WILL ROGERS ELEMENTARY SCHOOL	84147 40 00014 01566	R	544	380	69.853%	80	N	N	N	43520					
9b Shared Services															
SCHOOL DISTRICT schools within school totals of Columns 4 of Column 11 by the to result in Column 15.	ol districts.) Calculate and 11. Divide the to tal of Column 4. Ente	the tal of or the	673							53840				80%	
LIBRARY SYSTEMS Column 7. Divide thi putlets/brenches. En 15.	s total by the numbe iter the result in Colu	r of mn													
CONSORTIA: Calcu 14. Divide this total I entities. Enter the re	by the number of me														

Entity Number: 139924 Applicant's Form Identifier: FY 14-ERY15			
Contact Person: Connor Mitchell	ontact Phone Number: (580) 56	2-4846	
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for wh discounts. Make as many copies of this page as needed, and number the completed page are all processed correctly.	to assure that they FRN 2689800 (to be assigned by administrator)		
10 If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved etc.), check this box and enter the original FRN in the space provided:	der appeal,		
11 Category of Service (only ONE category should be checked)	23 Calculations		
PRIORITY 1 PRIORITY 2 Internal Connections Other than Basic Maintenance Internal Connections Other than Basic Maintenance Internal Connections	\$7,600.00	s (total amount per month for service)	
12 Form 470 Application Number 440860001225785	\$1,520.00	amount in A is ineligible?	
13 SPIN – Service Provider Identification Number	Recurring C. Eligible monthly Charges \$6,080.00	pre-discount amount (A mintus B)	
143030766 14 Service Provider Name	12	ths service provided in funding year ount amount for eligible recurring charges (C x D)	
Windstream Communications, Inc. 15a Check this box if this Funding Request is for non-contracted tariffed or mont	\$72,960.00		
to-month services. 15b Contract Number	F. Annual non-recu \$0.00 G. How much of th	urring charges e amount in F is ineligible?	
Prosposal ID 322292 EAN 34392 15c Check this box if this Funding Request is covered under a master contract (contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).	Non- Recurring \$0.00 Charges	and the estimates a	
15d Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: 16a Billing Account Number (e.g., billed telephone number)	H. Annual eligible p minus G)	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)	
580-562-4844 16b C Check this box if there are multiple Billing Account Numbers and attach a	\$0.00		
complete list of those numbers to this page. 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)	\$72,960.00	ar pre-discount amount (E + H)	
03/20/2014	Charges J. Discount from B K. Funding Commi	lock 4 Worksheet 80.00 Itment Request (I x J)	
18 Contract Award Date {mm/dd/yyyy} 03/24/2014	\$58,368.00		
19 Service Start Date (mm/dd/yyyy) 07/01/2014			
20a Service End Date (mm/dd/yyyy)			
Contract Expiration Date 20b (mm/dd/yyyy) 06/30/2015			
21 Description of This Service: NOTE: All Item 21 Attachments must be filed be You MUST attach a description of the service, including a breakdown of components, must include any additional account or telephone numbers if the billed account has mu Number, and note number in space provided.	s, manufacturer name, make and	i model number. You	
22 Entity/Entitles Receiving This Service: and not shared the entity from E	te-specific (provided to one site others), list the Entity Number of k 4 receiving this service:		
	nared by all entities on a Block 4 vorksheet number (e.g., 1):	1721933	

umber: 139924		Applicant a rotal identifier. F1 14-ER1	Applicant's Form Identifier: FY 14-ERY15				
Perso	on: Conner Mitchell	Contact Phone Number: (580) 562-4846	Contact Phone Number: (580) 562-4846				
24	(Continued): Description of Broadband and other Conne funding request	ectivity Services Ordered for Schools a	and Libraries from this				
	Complete the information below for this funding request only purpose of providing broadband and other types of connective		et Access for the				
	Check this box if this request is for services or equipment tha funding request is for internal connections, basic maintenance						
1							
a	Which technology(ies) and speed(s) are being provided in thi for the lines included in this funding request. If there are multi form provides two additional lines per broadband connection number the completed pages to assure that they are all proce to Item 21 but should be consistent with the description of ser assistance.	ple download speeds for the lines within one type of bro category. If you need additional space, please makes o essed correctly. A response to this Item is not a substitu	oadband connection, this copies of this page and ate for a complete response				
a	for the lines included in this funding request. If there are multi form provides two additional lines per broadband connection number the completed pages to assure that they are all proce to Item 21 but should be consistent with the description of ser	ple download speeds for the lines within one type of bro category. If you need additional space, please makes o essed correctly. A response to this Item is not a substitu	oadband connection, this copies of this page and ate for a complete response				
a	for the lines included in this funding request. If there are multi form provides two additional lines per broadband connection number the completed pages to assure that they are all proce to Item 21 but should be consistent with the description of sec assistance.	ple download speeds for the lines within one type of broategory. If you need additional space, please makes cossed correctly. A response to this Item is not a substitution in the response to Item 21. Please ask your servi	oadband connection, this topies of this page and tale for a complete response tice provider if you need Download speed per				
a	for the lines included in this funding request. If there are multi form provides two additional lines per broadband connection number the completed pages to assure that they are all proce to Item 21 but should be consistent with the description of ser assistance. Type of Connection	ple download speeds for the lines within one type of broategory. If you need additional space, please makes cossed correctly. A response to this Item is not a substituvices in the response to Item 21. Please ask your servi	oadband connection, this copies of this page and tale for a complete response ice provider if you need Download speed per Ilne in Mbps				
a	for the lines included in this funding request. If there are multi- form provides two additional lines per broadband connection number the completed pages to assure that they are all proce to Item 21 but should be consistent with the description of ser assistance. Type of Connection Fiber optic/OC-x DSL If the Internet service is available to students or patrons in mo	ple download speeds for the lines within one type of broategory. If you need additional space, please makes of sesed correctly. A response to this Item is not a substitution in the response to Item 21. Please ask your services in the response t	oadband connection, this copies of this page and tale for a complete response ice provider if you need Download speed per Ilna in Mbps 100 12				

Entity Number: 139924	Number: 139924 Applicant's Form Identifier: FY 14-ERY15			Mer: FY 14-ERY15
Contact Person: Connor Mitchell	Cont	Contact Phone Number: (580) 562-4846		
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request discounts. Make as many copies of this page as needed, and number the are all processed correctly. 10 If this is a duplicate Funding Request (e.g., of an FRN that is atc.), check this box and enter the original FRN in the space	ne completed pages to a	s to assure that they FRN 2690116 (to be assigned by administrator)		
11 Category of Service (only ONE category should be checked)	provided.	23	Calculat	ing
		<u></u> _	***************************************	hly charges (total amount per month for service)
PRIORITY 1 PRIORITY 2 Telecommunications Service Internal Connections Other than Internet Access Basic Maintenance of Internal Co				88.85
12 Form 470 Application Number	OTTROCTIONS	I	B. How	much of the amount in A is ineligible?
	1	- 1	s	17.77
440860001225785 13 SPIN Service Provider Identification Number		Recurring	C. Eligib	ele monthly pre-discount amount (A minus B)
		Charges	s	71.08
143012168			-	per of months service provided in funding year
14 Service Provider Name				2
Constitution of the Consti				al pre-discount amount for eligible recurring charges (C x D)
Cellular Network Partnership				
15a Check this box if this Funding Request is for non-contracte	ed tariffed or month-			852 96 al non-recurring charges
to-month services.				0000 0000000 000000 0000
15b Contract Number				0.00
CNP124213			G. How	much of the amount in F is ineligible?
15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider). 15d Check this box if this Funding Request is a continuation of an FRN from a		Non- Recurring Charges	s	0.00
previous funding year based on a multi-year contract. If so, provide that FRN here:			H. Annu minus G)	al eligible pre-discount amount for non-recurring charges (F
16a Billing Account Number (e.g., billed telephone number)			minus G)	
580-562-4844				0.00
16b Check this box if there are multiple Billing Account Number complete list of those numbers to this page.	rs and attach a			unding year pre-discount amount (E + H)
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)			ě.	852.96
(based on Form 470 filing)		Total		unt from Block 4 Worksheet 80.00
03/20/2014		Charges		· · · · · · · · · · · · · · · · · · ·
18 Contract Award Date (mm/dd/yyyy) 03/25/2014				ing Commitment Request (I x J) 682.37
19 Service Start Date (mm/dd/yyyy) 07/01/2014				
20a Service End Date (mm/dd/yyyy)				
Contract Expiration Date 20b (mm/dd/yyyy) 06/30/2015				
21 Description of This Service: NOTE: All Item 21 Attachments You MUST attach a description of the service, including a breakdown must include any additional account or telephone numbers if the bille Number, and note number in space provided.	of components, costs, i	manufactu	urer name	, make and model number. You
22 Entity/Entities Receiving This Service:	If the service is site- and not shared by othe the entity from Block 4	ers), list th receiving	e Entity N this servi	iumber of ce:
		shared by all entities on a Block 4 worksheet number (e.g., 1): 1721933		

			Applicant's Form Identifier; FY 14-ERY15		
ntact Person: Connor Mitchell			one Number: (580) 562-4846		
24	(Continued): Description of Broadband and funding request	other Connectivity Services C	ordered for Schools and Libraries from this		
	Complete the information below for this fund purpose of providing broadband and other t		nications Services or Internet Access for the facilities.		
	Check this box if this request is for services funding request is for internal connections, it		nd or connectivity. For instance, check the box if this like e-mail or phone service.		
	for the lines included in this funding request form provides two additional lines per broad number the completed pages to assure that	If there are multiple download speeds for dband connection category. If you need add t they are all processed correctly. A response	se list the number of lines and average download speed the lines within one type of broadband connection, this itlonal space, please makes copies of this page and se to this Item is not a substitute for a complete response tem 21. Please ask your service provider if you need		
	Type of Connection	Number of lines included in this FRN	Download speed per line in Mbps		
	If the Internet service is available to students or patrons in more than just a single location or office, please indicate:				
b	If the access is provided by wired connections, approximately what percentage of the school classroom or public library rooms included in the Block 4 worksheet for this FRN will have access to wired drops?%				
b					

Entity Number: 139924	Applicant's Form Identifier: FY 14-ERY15						
Contact Person: Connor Mitchell	Contact Phone Number: (580) 562-4846						
lock 6: Certifications and Signature 25 Learlify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.) a schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or b libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.							
26 In certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).							
a Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23I on all Block 5 Discount Funding Requests.)	73812.96						
b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	59050.37						
c Total applicant non-discount share (Subtract Item 26b from Item 26a.)	14762 59						
d Total budgeted amount allocated to resources not eligible for E-rate support							
Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 26c and 26d.)	14762 59						
Check this box if you are receiving any of the funds in Item 26e directly from a single Billed Entity for this funding year, or if a service provider listed on any of the Formacount in locating funds in Item 26e.	rvice provider listed on any of the Forms 471 filed by this ns 471 filed by this Billed Entity for this funding year assisted						
covered by technology plans that do or will cover all 12 months of the funding ye	27 Lertify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.						
Or Commission rules.							
28 To I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.							
29 Li certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.							
30 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.							
31 Leftify that I and the entity(ies) I represent have complied with all program rule failure to do so may result in denial of discount funding and/or cancellation of fur of the services listed on this Form 471 except for those services provided under acknowledge that failure to comply with program rules could result in civil or crin	nding commitments. There are signed contracts covering all non-contracted tariffed or month-to-month arrangements. I						

Entity N	umber: 139924	Applicant's Form Identifier: FY 14-ERY15					
Contact	Person: Connor Mitchell	Contact Phone Number: (580) 562-4846					
Block 6	i: Certification and Signature (Continued)						
32 □	I acknowledge that the discount level used for shared services is conditional, for and libraries that are treated as sharing in the service, receive an appropriate sharing in the service.	uture years, upon ensuring that the most disadvantaged schools re of benefits from those services.					
33 🗀	I certify that I will retain required documents for a period of at least five years (or whatever retention period is required by the rules in effect at the time of this certification) after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.						
34 □	I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application, I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.						
35 T	I acknowledge that FCC rules provide that persons who have been convicted of their participation in the schools and libraries support mechanism are subject to s reasonable measures to be informed, and will notify USAC should I be informed application, or any person associated in any way with my entity and/or the entities held civilly liable for acts arising from their participation in the schools and librarie	uspension and debarment from the program. I will institute or become aware that I or any of the entities listed on this listed on this application, is convicted of a criminal violation or					
36 F	I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1), (2).						
37 □	I certify that this funding request does not constitute a request for internal connective Commission requirement that eligible entitles are not eligible for such support Commission's rules at 47 C.F.R. § 54.506(c).	tions services, except basic maintenance services, in violation of more than twice every five funding years as required by the					
38 F	I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.						
39	Signature of authorized person	40 Date					
41	Printed name of authorized person						
42	Title or position of authorized person. Check here if the consultant in them 6g is the Authorized Person.						
43a	Check here if the consultant in flem 6g is the Authorized Person. Street Address, P.O. Box, or Route Number						
	City State Zip Code -						

Entity N	lumber: 139924	Applicant's Form Identifier: FY 14-ERY15
	t Person: Connor Mitchell	Contact Phone Number: (580) 562-4846
43b	Telephone Number Ex of authorized Person	rt.a
43c	Fax Number of Authorized Person	
43d	E-mail Address of authorized Person Re-enter E-mail Address	
43e	Name of Authorized Person's Employer	
universa The coli data in l	E: Section 54.504 of the Federal Communications Cor al service discounts to file this Services Ordered and (lection of information stems from the Commission's au the report will be used to ensure that schools and libra	mmission's rules requires all schools and libraries ordering services that are eligible for and seeking Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R.§ 54.504(c). uthority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C.§ 254. The aries comply with the competitive bidding requirement contained in 47C.F.R.§ 54.504. All schools service discounts must file this form themselves or as part of a consortium.
An ager		required to respond to, a collection of information unless it displays a currently valid OMB control
provide statute, impleme or adjuct an inter	to determine whether approving this application is in the regulation, rule or order, your application may be referenting the statute, rule, regulation or order. In certain the distance body when (a) the FCC; or (b) any employee the stanton proceeding. In addition, consistent with the test in the proceeding. In addition, consistent with the	34, as amended, to collect the information we request in this form. We will use the information you the public interest. If we believe there may be a violation or a potential violation of any applicable erred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or cases, the information in your application may be disclosed to the Department of Justice or a court of the FCC; or (c) the United States Government is a party of a proceeding before the body or has Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 or submitted with this form or in response to subsequent inquiries may be disclosed to the public.
Manage		formation you provide may also be disclosed to the Department of the Treasury Financial aployer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may latching of computer records when authorized.
If you d	o not provide the information we request on the form,	the FCC may delay processing of your application or may return your application without action.
The for	egoing Notice is required by the Paperwork Reduction	n Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.
existing burden	data sources, gathering and maintaining the data nee	timated to average 4 hours per response, including the time for reviewing instructions, searching eded, completing, and reviewing the collection of information. Send comments regarding this mation, including suggestions for reducing the reporting burden to the Federal Communications ment, Washington, DC 20554.
Pleas	e submit this form to: SLD-Form 471 P.O. Box 7026 Lawrence, Kansas 66044-7026	
Fore	xpress delivery services or U.S. Postal Service, Re SLD Forms ATTN: SLD Form 471 3833 Greenway Drive Lawrence, Kansas 66046 (888) 203-8100	eturn Receipt Requested, mail this form to:
		FCC Form 471 - December 201:
		Close Print Preview

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FCC Form 471





Applicant's Form Identifier: FY 14-ERY15 Entity Number: 139924

Contact Person: Connor Mitchell Phone Number: (580) 562-4846

Block 6: Certifications and Signature

Do not write in this area	

471 Application Number: 984827

25. I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

a. schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or

b. \square libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools including, but not limited to, elementary, secondary schools, colleges, or universities.

26. I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed in this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

	Total funding year pre-discount amount on this Form 471 (Add the entries from Item 23i on all Block 5 Discount Funding Requests.)	\$73,812.96
b.	Total funding commitment request amount on this Form 471 (Add the entries from Items 23k on all Block 5 Discount Funding Requests.)	\$59,050.37
c.	Total applicant non-discount share (Subtract Item 26b from Item 26a.)	\$14,762.59
d.	Total budgeted amount allocated to resources not eligible for E-rate support	\$70,000.00
e.	Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 26c and 26d.)	\$84,762.59
ſ.	Check this box if you are receiving any of the funds in Item 26e directly from	om a service provider listed

f. Check this box if you are receiving any of the funds in Item 26e directly from a service provider listed on any Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 26e.

27. I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.

- Or I certify that no technology plan is required by Commission rules.
- 28. I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.
- 29. It certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.
- 30. I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.
- 31. I certify that I and the entity(ies) I represent have complied with all program rules, including recordkeeping requirements, and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.
- 32. I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 33. I certify that I will retain required documents for a period of at least five years (or whatever retention period is required by the rules in effect at the time of this certification) after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
- 34. I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of this program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under the Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.
- 35. It is acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.

36. I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1),(2).

- 37. It certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years as required by the Commission's rules at 47 C.F.R. § 54.506(c).
- 38. I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

39. Cert ID = 1360107	40.Date
41. Printed name of authorized person Connor T Mitchell	
42. Title or position of authorized person Technology Director	
Check here if the consultant in Item 6g is the Authorized Person.	
43a. Street Address, P.O Box or Route Number 306 S. Highway 44	
Burns Flat, OK 73624	
43b. Telephone number of authorized person: (580) 562-4844	
43c. Fax number of authorized person: (580) 562-4847	
43d. E-mail of authorized person: erate@bfdc.k12.ok.us	
43e. Name of authorized person's employer Burns Flat-Dill City Schools	
ATTENTION: If you are signing Form 471 using the PIN assigned to you by SLI using the PIN is equivalent to your handwritten signature on the form. Your use contifications means that should they prove untrue, you will be held to the same enthose who affirm the certifications on paper. Also, by using the PIN, you are affirm authority to make these certifications and represent the entity featured in Block Continued in Block Contin	of the PIN to affirm these inforcement standards as ming that you have the
Please Check to affirm your compliance 🗹	

471 Application Number: BURNS FLAT-DILL CITY DIST 10 HIGHWAY 44, PO BOX 129 BURNS FLAT, OK 73624

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R.§ 54.504(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

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If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington DC 20554.

Please retain a copy of this page and submit a copy with any communications to the SLD. Please enclose a copy of this confirmation page when mailing your Item 21 attachments. If you wish to submit your required Item 21 Attachment at this time using our online system, choose the icon below for the Item 21 Attachment.

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